



COUNTY OF PLACER

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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DEATH CERTIFICATE APPLICATION INFORMATION AND INSTRUCTIONS

INFORMATION: In Person Requests require SWORN STATEMENT only.

All Mail In applications must include the signed sworn statement and be notarized under penalty of perjury to receive an Authorized Certified copy.

Death records are maintained in the office of Placer County Vital Statistics for this year and last year only. We have records for deaths that occurred in Placer County only.

INSTRUCTIONS:

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Decedent Information portions of this form. If you are requesting an **Authorized Certified Copy**, complete the entire form and attached sworn/notarized statement.
2. If you submit your order in person, you must sign a sworn statement in the presence of Office of Vital Statistics staff. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. (Note: A funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.) **However, Funeral Directors must sign the sworn statement on the application form.**
3. Use a separate application form for each different record of death for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement.)
4. Complete the **Applicant Information** section and provide your signature where indicated. Give all the information you have available to identify the record of the decedent in the spaces under **Decedent Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
5. Submit **\$12.00** for **each** certified copy requested. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, in the form of a personal check, postal or money order. Make checks payable to: P.C.V.S Mail application to:

Vital Statistics/HHS
11484 B Avenue
Auburn, CA 95603

Anyone can obtain an Informational Certified Copy of a death record. The record is for informational purposes only and may not be used to establish identity. Informational copies will have the following words printed across the face of the document.

“INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY”

DEATH

MAIL-IN APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

NOTICE: All Mail-In applications must include the signed sworn statement and be notarized under penalty of perjury to receive an Authorized Certified copy.

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of death records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." Please indicate whether you would like an Authorized Certified Copy or an Informational Copy.

☐ I would like an **Authorized Certified copy** of the record identified on the application form. **(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)**

☐ I would like an **Informational Copy** of the record identified on the application form.
(You are not required to select from the list below in order to receive an Informational Copy.)
NOTE: An Informational copy does not require a sworn statement or notarization by mail or in person.

I AM **The new law describes an authorized person as:** **(Please select)**

☐ 103526 © A parent or legal guardian of the registrant.

☐ 103526 © A member of law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.

☐ 103526 © A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.

☐ 103526 © An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.

☐ 103526 © A funeral director ordering certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.

DECEDENT INFORMATION (Please print or type) (Please read information and instructions before filling out application form.)

Name of Decedent (First)	Middle	Last (Family)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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City or Town of Death	County of Death	Date of Death	Social Security Number
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\$12.00 For each copy ordered	No. of Copies	Amount Enclosed \$ _____
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APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Completing Application	Today's Date	Telephone Number ()
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Address - Number, Street	City	State	Zip Code
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Make Checks payable to: P.C.V.S
Return all copies and Sworn/Notarized Statement to:
Health and Human Services
Vital Statistics
11484 B Avenue, Auburn, CA. 95603

Name		
Street Address		
City	State	Zip

◀ This box is to be used as a mailing label for your return copy (s)

Please print your name and address.

SWORN STATEMENT

I, _____ declare under penalty of perjury under the laws of the
(Printed Name)
State of California, that I am an authorized person, as defined in California Health and Safety Code
Section 103526 (c), and am eligible to receive a certified copy of the birth or death record of the following
individual(s):

Name of Person Listed on Certificate	Relationship to Person Listed on Certificate

Subscribed to this _____ day of _____, 200____, at _____, _____.
(Day) (Month) (City) (State)

(Signature)

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)ss
County of _____)

On _____, before me personally appeared _____,

☐ personally known to me, or ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.
(NOTARY SEAL)

NOTARY SIGNATURE